

Substitute Federal Tax Withholding Form
(For Fixed Monthly Amount)

| | | | |
|--|-------|---------------------------------|-----------------------|
| Member's Full Name <i>(Type or Print)</i> | | Member's Social Security Number | |
| Member's Full Address <i>(Number and street or rural route)</i> | | Member's TRF Number | |
| City | State | ZIP Code | Member's Phone Number |
| I authorize the Indiana State Teachers' Retirement Fund to withhold the following dollar amount each month as federal tax withholding: | | \$ | |
| Member's Signature | | Date of Member's Signature | |
| <p>This form is required for retirement processing.</p> <p>Should you have any questions regarding the tax status of your retirement, please consult a qualified tax professional.</p> | | | |